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DEC 08 2023

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

SD Secretary of State

1. TITLE OF NEWSPAPER FAITH INDEPENDENT		2. DATE 09/26/2023
3. FREQUENCY OF ISSUE WEEKLY	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$45 in area/\$50 out
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO BOX 38; FAITH, MEADE, SD 57626-0038		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) RAVELLETTE PUBLICATIONS, INC; PO BOX 788; PHILIP, SD 57567		
6. FULL NAME OF PUBLISHER: DONALD J RAVELLETTE		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. <div style="display: flex; justify-content: space-between;"> <div>FULL NAME DONALD J RAVELLETTE (100%)</div> <div>COMPLETE MAILING ADDRESS PO BOX 633; PHILIP, SD 57567</div> </div>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. NONE		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	625	625
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	160	168
2. Mail Subscription (Paid and or requested)	367	367
3. Paid Electronic Copies	22	24
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	549	559
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	16	16
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	565	575
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	61	58
2. Return from News Agents	21	16
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	625	625

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Donald Ravellette
(Signature)

Owner
(Title)

State of South Dakota

County of *Haakon*

(Seal)

Sworn to before me this *29* day of *Sept*, 20*23*

Jelene Haynes
Notary Public

My commission expires: *4-3-2027*